

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DEMOCRATIC PARTY OF ILLINOIS

ADDRESS (number and street)

P.O. BOX 518

☐ Check if different than previously reported. (ACC)

SPRINGFIELD

IL

62705

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00167015

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Kasper

Signature of Treasurer

Michael Kasper

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC PARTY OF ILLINOIS

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		763467.65
(b) Cash on Hand at Beginning of Reporting Period.....	1204849.84	
(c) Total Receipts (from Line 19)	627040.39	6130323.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1831890.23	6893791.28
7. Total Disbursements (from Line 31)	112335.96	5174237.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1719554.27	1719554.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATIC PARTY OF ILLINOIS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7250.00	628844.00
(ii) Unitemized	150.00	11643.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	7400.00	640487.00
(b) Political Party Committees	19362.60	76317.07
(c) Other Political Committees (such as PACs).....	36500.43	3125036.37
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	63263.03	3841840.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	15750.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	39100.00	461350.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	64496.87	568300.11
(b) Levin Funds (from Schedule H5)	460180.49	1243082.95
(c) Total Transfers (add 18(a) and 18(b))..	524677.36	1811383.06
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	627040.39	6130323.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	102363.03	4318940.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	13454.31	148793.49
(ii) Non-Federal Share.....	50613.87	559747.20
(b) Other Federal Operating Expenditures	11160.43	41320.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75228.61	749860.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	334444.02
(ii) "Levin" Share.....	0.00	1258146.54
(b) Federal Election Activity Paid Entirely With Federal Funds	37107.35	2831785.67
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	37107.35	4424376.23
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	112335.96	5174237.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61722.09	3356343.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63263.03	3841840.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63263.03	3841840.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	24614.74	190113.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15750.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	24614.74	174363.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Michael McClaion

Mailing Address 1300 Tuscany Drive

City State Zip Code
Quincy IL 62305

FEC ID number of contributing federal political committee.

C

Name of Employer

IRMA

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.36861

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Miguel Ortega

Mailing Address 11310 W. 72nd Street

City State Zip Code
Burr Ridge IL 60527

FEC ID number of contributing federal political committee.

C

Name of Employer

Commonwealth Edison

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.36864

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Luz Perez

Mailing Address 1695 Ashbury Drive

City State Zip Code
Lemont IL 60439

FEC ID number of contributing federal political committee.

C

Name of Employer

Commonwealth Edison

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.36870

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Mark Triffler

Mailing Address 32 Ruffled Feather Drive

City

Lemon

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

S4 Group

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.36872

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

7250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 113

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Mailing Address 430 SOUTH CAPITOL STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00460147

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32434.09

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA11B.36860

Amount of Each Receipt this Period

4840.00

Contribution

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Mailing Address 430 SOUTH CAPITOL STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00460147

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42116.69

Date of Receipt

12 / **23** / **2014**

Transaction ID : SA11B.36902

Amount of Each Receipt this Period

9682.60

Contribution

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Mailing Address 430 SOUTH CAPITOL STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00460147

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46956.69

Date of Receipt

12 / **30** / **2014**

Transaction ID : SA11B.36903

Amount of Each Receipt this Period

4840.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19362.60

19362.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2832664.52

Date of Receipt

11 / 25 / 2014

Transaction ID : SA11C.36912

Amount of Each Receipt this Period

23910.00

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2840541.59

Date of Receipt

11 / 25 / 2014

Transaction ID : SA11C.37525

Amount of Each Receipt this Period

7877.07

In-kind - cover services and equipment

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2840971.59

Date of Receipt

12 / 11 / 2014

Transaction ID : SA11C.36885

Amount of Each Receipt this Period

430.00

Travel reimbursement

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32217.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00140715

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13483.67

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA11C.37531

Amount of Each Receipt this Period

2247.91

In-kind - Travel

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00140715

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13620.89

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA11C.37533

Amount of Each Receipt this Period

137.22

In-kind - Travel

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00213512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15722.20

Date of Receipt

12 / **01** / **2014**

Transaction ID : SA11C.37527

Amount of Each Receipt this Period

722.20

In-kind - Travel

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3107.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00213512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15898.23

Date of Receipt

12 / **01** / **2014**

Transaction ID : SA11C.37529

Amount of Each Receipt this Period

176.03

In-kind - Travel

Full Name (Last, First, Middle Initial)

B. NARRAGANSETT BAY PAC

Mailing Address PO BOX 8628

City State Zip Code
CRANSTON RI 02920

FEC ID number of contributing
federal political committee.

C C00403592

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA11C.36862

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1176.03

36500.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. 13th Ward Democratic Organization

Mailing Address 6500 South Pulaski

City State Zip Code
 Chicago IL 60629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : SA17.36886

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. 17th Ward Democratic Organization

Mailing Address 7811 S. Racine

City State Zip Code
 Chicago IL 60620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 30 2014

Transaction ID : SA17.36906

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

C. 19th Ward Democratic Organization

Mailing Address 10444 S. Western Avenue

City State Zip Code
 Chicago IL 60643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : SA17.36887

Amount of Each Receipt this Period

750.00

Voter file

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. 8th Ward Democratic Committee

Mailing Address 8539 S. Cotage Grove

City

Chicago

State

IL

Zip Code

60619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SA17.36905

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. Calumet Township Democratic Organization

Mailing Address 2030 High St

City

Blue Island

State

IL

Zip Code

60406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SA17.36890

Amount of Each Receipt this Period

500.00

Voter file

Full Name (Last, First, Middle Initial)

C. Chicago Forward

Mailing Address 201 W. Lake Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SA17.36891

Amount of Each Receipt this Period

10000.00

Voter file

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Citizens for Heather Sattler

Mailing Address 5501 W. Cullom

City

Chicago

State

IL

Zip Code

60641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SA17.36898

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. Citizens for Maldonado

Mailing Address 1731 North Troy Street

City

Chicago

State

IL

Zip Code

60647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : SA17.36909

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

C. Citizens to Elect David Moore

Mailing Address 8042 S. Kedzie Street

City

Chicago

State

IL

Zip Code

60652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SA17.36893

Amount of Each Receipt this Period

750.00

Voter file

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Committee to Elect Robert J. Lovero

Mailing Address 6536 W. Cermak

City State Zip Code
 Berwyn IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 30 2014

Transaction ID : SA17.36908

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. Committee to Elect Stacey Pfingsten

Mailing Address P.O. Box 14034

City State Zip Code
 Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 25 2014

Transaction ID : SA17.36878

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

C. Friends of Alderman Ray Suarez

Mailing Address 4502 W. Fullerton Avenue

City State Zip Code
 Chicago IL 60639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 25 2014

Transaction ID : SA17.36882

Amount of Each Receipt this Period

750.00

Voter file

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 113
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Friends of Alyx Pattison

Mailing Address 1111 N. Western Avenue

City State Zip Code
Chicago IL 60622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2014

Transaction ID : SA17.36896

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. Friends of Joann Thompson

Mailing Address 5335 S. Western Boulevard

City State Zip Code
Chicago IL 60609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2014

Transaction ID : SA17.36910

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

C. Friends of Mike Zalewski

Mailing Address 5838 S. Archer Avenue

City State Zip Code
Chicago IL 60638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 25 2014

Transaction ID : SA17.36884

Amount of Each Receipt this Period

750.00

Voter file

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 113
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Friends of Omar Aquino

Mailing Address 2067 N. Lorel Avenue

City State Zip Code
 Chicago IL 60639-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA17.36874

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. Howard B. Brookins, Jr. Attorney at Law

Mailing Address 9636 South Winston Avenue

City State Zip Code
 Chicago IL 60643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 15 / 2014

Transaction ID : SA17.36888

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

C. Mondragon For A New Illinois

Mailing Address 27 N. Wacker Drive

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA17.36876

Amount of Each Receipt this Period

750.00

Voter file

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00213512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA17.36866

Amount of Each Receipt this Period

5000.00

Unlimited transfer

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00213512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA17.36868

Amount of Each Receipt this Period

5000.00

Unlimited transfer

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00213512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

11 / **25** / **2014**

Transaction ID : SA17.36869

Amount of Each Receipt this Period

5000.00

Unlimited transfer

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Niles Township Democrats

Mailing Address 4119 Maion Street

City
Skokie

State
IL

Zip Code
60076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SA17.36895

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

B. Patrick Daley Thompson Campaign Committee

Mailing Address 20 S. Clark Street

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA17.36880

Amount of Each Receipt this Period

750.00

Voter file

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

39000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Category/
Type

7877.07

Category/
Type

2247.91

Category/
Type

137.22

10262.20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DEMOCRATIC PARTY OF ILLINOIS

A. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement	
In-kind - Travel	

Candidate Name

Category/
Type

Transaction ID : SB21B.37528

Amount of Each Disbursement this Period

722.20

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Date of Disbursement

M M / D D / Y Y Y Y
12 01 2014

Mailing Address 700 13TH STREET, NW
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement	
In-kind - Travel	

Candidate Name

Category/
Type

Transaction ID : SB21B.37530

Amount of Each Disbursement this Period

176.03

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

898.23

TOTAL This Period (last page this line number only).....

11160.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Amtrak

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Mailing Address Union Station-W.Washington Street

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement
Travel

Candidate Name

Category/
Type**Transaction ID : SB30B.36934**

Amount of Each Disbursement this Period

273.96

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Expedia Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 3150 139th Avenue

City	State	Zip Code
Bellevue	WA	98005

Purpose of Disbursement
Travel

Candidate Name

Category/
Type**Transaction ID : SB30B.36971**

Amount of Each Disbursement this Period

429.70

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Mailing Address Department of Revenue

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type**Transaction ID : SB30B.36967**

Amount of Each Disbursement this Period

273.96

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

273.96

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address Department of Revenue

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SB30B.36992

Amount of Each Disbursement this Period

93.75

Full Name (Last, First, Middle Initial)

B. Illinois State Board of Elections

Mailing Address 2329 S. MacArthur

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement
Voter file

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : SB30B.36928

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address Department of the Treasury

City	State	Zip Code
Kansas City	MO	64999

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	28	/	2014

Transaction ID : SB30B.36922

Amount of Each Disbursement this Period

1815.96

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2409.71

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address Department of the Treasury

City	State	Zip Code
Kansas City	MO	64999

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : SB30B.36966

Amount of Each Disbursement this Period

1815.93

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address Department of the Treasury

City	State	Zip Code
Kansas City	MO	64999

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2014

Transaction ID : SB30B.36991

Amount of Each Disbursement this Period

559.54

Full Name (Last, First, Middle Initial)

C. Elizabeth Jung

Mailing Address 25 Kassebaum Lane

City	State	Zip Code
Saint Louis	MO	63129

Purpose of Disbursement
See memo-UPS Store

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Transaction ID : SB30B.36929

Amount of Each Disbursement this Period

61.79

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2437.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Kenneth Kimber

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2014

Mailing Address 2217 Boysenberry Lane

Transaction ID : SB30B.36917

City	State	Zip Code
Springfield	IL	62711

Amount of Each Disbursement this Period

Purpose of Disbursement
WagesCategory/
Type

1274.22

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Kenneth Kimber

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2014

Mailing Address 2217 Boysenberry Lane

Transaction ID : SB30B.36921

City	State	Zip Code
Springfield	IL	62711

Amount of Each Disbursement this Period

Purpose of Disbursement
InsuranceCategory/
Type

312.81

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Kenneth Kimber

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Mailing Address 2217 Boysenberry Lane

Transaction ID : SB30B.36933

City	State	Zip Code
Springfield	IL	62711

Amount of Each Disbursement this Period

Purpose of Disbursement
See memo-Amtrak and Mail ChumpCategory/
Type

134.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1721.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Kenneth Kimber

Mailing Address 2217 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : SB30B.36949

Amount of Each Disbursement this Period

1274.23

Full Name (Last, First, Middle Initial)

B. Kenneth Kimber

Mailing Address 2217 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2014

Transaction ID : SB30B.36987

Amount of Each Disbursement this Period

1365.15

Full Name (Last, First, Middle Initial)

C. Kenneth Kimber

Mailing Address 2217 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement
Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2014

Transaction ID : SB30B.36990

Amount of Each Disbursement this Period

312.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2952.19

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Kenneth Kimber

Mailing Address 2217 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SB30B.36995

Amount of Each Disbursement this Period

312.81

Full Name (Last, First, Middle Initial)

B. Ben Lenet

Mailing Address 1547 W. Blackhawk Avenue

City	State	Zip Code
Chicago	IL	60642

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	28	/	2014

Transaction ID : SB30B.36918

Amount of Each Disbursement this Period

2534.22

Full Name (Last, First, Middle Initial)

C. Ben Lenet

Mailing Address 1547 W. Blackhawk Avenue

City	State	Zip Code
Chicago	IL	60642

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2014

Transaction ID : SB30B.36950

Amount of Each Disbursement this Period

2534.21

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5381.24

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Ben Lenet

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Mailing Address 1547 W. Blackhawk Avenue

City	State	Zip Code
Chicago	IL	60642

Transaction ID : SB30B.36953Purpose of Disbursement
Insurance

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

323.93

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. MailChip

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2014

Mailing Address 512 Means Street

City	State	Zip Code
Atlanta	GA	30318

Transaction ID : SB30B.36936Purpose of Disbursement
Email

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

50.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Christopher Maley

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Mailing Address 2517 W. Harbauer Lane

City	State	Zip Code
Springfield	IL	62702

Transaction ID : SB30B.36939Purpose of Disbursement
Wages

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

9950.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

10273.93

TOTAL This Period (last page this line number only)..... ►

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 113

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Micro Tek

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2014

Mailing Address 24082 Network Place

Transaction ID : SB30B.36977

City	State	Zip Code
Chicago	IL	60673

Amount of Each Disbursement this Period

Purpose of Disbursement
Voter File Training

4500.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Russell Nagel

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Mailing Address 529 S. Glenwood Avenue

Transaction ID : SB30B.36940

City	State	Zip Code
Springfield	IL	62704

Amount of Each Disbursement this Period

Purpose of Disbursement
Wages

6728.33

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Amanda Taylor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2014

Mailing Address 1825 Florida

Transaction ID : SB30B.36970

City	State	Zip Code
Washington	DC	20009

Amount of Each Disbursement this Period

Purpose of Disbursement
See Expendia memo

429.70

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11658.03

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 113

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address Tesson Ferry Road

City State Zip Code
 Saint Louis MO 63128

Purpose of Disbursement
 Printer Return Packaging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 12 03 2014

Transaction ID : SB30B.36930

Amount of Each Disbursement this Period

61.79

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

0.00

37107.35

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 31 OF 113

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT
 DEMOCRATIC PARTY OF ILLINOIS

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014

TOTAL AMOUNT TRANSFERRED

3387.60

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID : H3.36901

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) 2014 Fall Event 09-23-14 (09/23/2014)

3387.60

Transaction ID : H3.36901.0

b)

c) Total Amount Transferred For Direct Fundraising

3387.60

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 32 OF 113

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT
 DEMOCRATIC PARTY OF ILLINOIS

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 12 / 22 / 2014

TOTAL AMOUNT TRANSFERRED

61109.27

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

61109.27

Transaction ID : H3.36900

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

61109.27

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

3387.60

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

64496.87

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 33 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Powerplay Properties		Transaction ID : H4.36924		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1201 Veterans Parkway					
City Springfield	State IL	Zip Code 62707			
Purpose of Disbursement: Rent				Allocated Activity or Event Year-To-Date 437046.36	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 25 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
58.50			220.06		278.56

B. Full Name (Last, First, Middle Initial) TTI National		Transaction ID : H4.36913		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 96003					
City Charlotte	State NC	Zip Code 28296-0003			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 437065.33	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3.98			14.99		18.97

C. Full Name (Last, First, Middle Initial) TTI National		Transaction ID : H4.36914		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 96003					
City Charlotte	State NC	Zip Code 28296-0003			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 437113.67	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
10.15			38.19		48.34

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.63		273.24		345.87

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 34 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Kenny and Kenny, P.C.		Transaction ID : H4.36915		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1400 W. 47th Street					
City La Grange	State IL	Zip Code 60525			
Purpose of Disbursement: Bookkeeping Service				Allocated Activity or Event Year-To-Date 442671.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1167.08			4390.42		5557.50

B. Full Name (Last, First, Middle Initial) Powerplay Properties		Transaction ID : H4.36916		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1201 Veterans Parkway					
City Springfield	State IL	Zip Code 62707			
Purpose of Disbursement: Rent				Allocated Activity or Event Year-To-Date 442949.73	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
58.50			220.06		278.56

C. Full Name (Last, First, Middle Initial) Citi Cards		Transaction ID : H4.36996		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Processing Center P.O. Box 688901					
City Des Moines	State IA	Zip Code 50363			
Purpose of Disbursement: Memo items to follow				Allocated Activity or Event Year-To-Date 444931.64	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
416.20			1565.71		1981.91

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1641.78		6176.19		7817.97

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Sarah Nelson		Transaction ID : H4.36919		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 655 W. Irving Park Road Apt. 5015				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago	State IL	Zip Code 60613		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on fea				Allocated Activity or Event Year-To-Date 445175.61	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.23			192.74		243.97

B. Full Name (Last, First, Middle Initial) Emily Wurth		Transaction ID : H4.36920		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2267 Boysenberry Lane				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Springfield	State IL	Zip Code 62711		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on fea				Allocated Activity or Event Year-To-Date 445502.54	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.66			258.27		326.93

C. Full Name (Last, First, Middle Initial) ADP		Transaction ID : H4.36926		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 842854				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Boston	State MA	Zip Code 02284		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll fee				Allocated Activity or Event Year-To-Date 445792.69	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.93			229.22		290.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.82		680.23		861.05

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) PNC Bank		Transaction ID : H4.36947	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 609				
City Pittsburgh	State PA	Zip Code 15230-9738		
Purpose of Disbursement: Service charge			Allocated Activity or Event Year-To-Date 447438.38	
Activity or Event Identifier: Administrative		Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
345.59			1300.10	1645.69

B. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID : H4.36999	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of the Treasury				
City Kansas City	State MO	Zip Code 64999		
Purpose of Disbursement: Payroll taxes			Allocated Activity or Event Year-To-Date 447600.20	
Activity or Event Identifier: Administrative		Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
33.98			127.84	161.82

C. Full Name (Last, First, Middle Initial) Illinois Department of Revenue		Transaction ID : H4.37000	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Revenue				
City Springfield	State IL	Zip Code 62704		
Purpose of Disbursement: Payroll taxes			Allocated Activity or Event Year-To-Date 447635.86	
Activity or Event Identifier: Administrative		Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
7.49			28.17	35.66

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
387.06		1456.11		1843.17

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Clearfire		Transaction ID : H4.36927		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 21 Estretta Way					
City Novato	State CA	Zip Code 94945			
Purpose of Disbursement: Website updates				Allocated Activity or Event Year-To-Date 447735.86	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
21.00			79.00		100.00

B. Full Name (Last, First, Middle Initial) Nicor Gas		Transaction ID : H4.36932		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 416					
City Aurora	State IL	Zip Code 60568-0001			
Purpose of Disbursement: Utilities				Allocated Activity or Event Year-To-Date 447958.25	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
46.70			175.69		222.39

C. Full Name (Last, First, Middle Initial) Tim Mapes		Transaction ID : H4.36941		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 632 Old Tippercanoe					
City Springfield	State IL	Zip Code 62707			
Purpose of Disbursement: Wages spent < 25% on fea				Allocated Activity or Event Year-To-Date 463334.50	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3229.01			12147.24		15376.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3296.71		12401.93		15698.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Kathy Murray		Transaction ID : H4.36942		Allocated Activity or Event:	
Mailing Address 500 Wingate Drive				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Sherman		State IL		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 62684				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on fea				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative		Category/ Type		<div> <div>12</div> <div>03</div> <div>2014</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
828.91				3118.28	
		=		TOTAL AMOUNT	
				3947.19	

B. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID : H4.36943		Allocated Activity or Event:	
Mailing Address Department of the Treasury				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Kansas City		State MO		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 64999				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative		Category/ Type		<div> <div>12</div> <div>03</div> <div>2014</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
2177.24				8190.57	
		=		TOTAL AMOUNT	
				10367.81	

C. Full Name (Last, First, Middle Initial) Illinois Department of Revenue		Transaction ID : H4.36945		Allocated Activity or Event:	
Mailing Address Department of Revenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Springfield		State IL		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 62704				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative		Category/ Type		<div> <div>12</div> <div>03</div> <div>2014</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
435.31				1637.61	
		=		TOTAL AMOUNT	
				2072.92	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3441.46		12946.46		16387.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Illinois Department of Revenue			Transaction ID : H4.36946			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Department of Revenue						Allocated Activity or Event Year-To-Date 479996.38		
City Springfield	State IL	Zip Code 62704				Date 12 / 03 / 2014		
Purpose of Disbursement: Payroll taxes								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
57.53						216.43		
			=			TOTAL AMOUNT		
						273.96		

B. Full Name (Last, First, Middle Initial) ADP			Transaction ID : H4.36944			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 842854						Allocated Activity or Event Year-To-Date 480072.94		
City Boston	State MA	Zip Code 02284				Date 12 / 05 / 2014		
Purpose of Disbursement: Payroll fee								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
16.08						60.48		
			=			TOTAL AMOUNT		
						76.56		

C. Full Name (Last, First, Middle Initial) Capitol Storage, LLC			Transaction ID : H4.36948			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2225 J. David Jones Parkway						Allocated Activity or Event Year-To-Date 481047.94		
City Springfield	State IL	Zip Code 62707				Date 12 / 05 / 2014		
Purpose of Disbursement: Rent								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
204.75						770.25		
			=			TOTAL AMOUNT		
						975.00		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
278.36		1047.16		1325.52

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Sarah Nelson		Transaction ID : H4.36951		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 655 W. Irving Park Road Apt. 5015				Allocated Activity or Event Year-To-Date 482542.99	
City Chicago	State IL	Zip Code 60613		Date <input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Wages spent < 25% on fea		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="313.96"/>			<input type="text" value="1181.09"/>		<input type="text" value="1495.05"/>

B. Full Name (Last, First, Middle Initial) Emily Wurth		Transaction ID : H4.36952		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2267 Boysenberry Lane				Allocated Activity or Event Year-To-Date 483986.08	
City Springfield	State IL	Zip Code 62711		Date <input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Wages spent < 25% on fea		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="303.05"/>			<input type="text" value="1140.04"/>		<input type="text" value="1443.09"/>

C. Full Name (Last, First, Middle Initial) Emily Wurth		Transaction ID : H4.36954		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2267 Boysenberry Lane				Allocated Activity or Event Year-To-Date 484338.22	
City Springfield	State IL	Zip Code 62711		Date <input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Insurance employee spent < 25% on fea		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="73.95"/>			<input type="text" value="278.19"/>		<input type="text" value="352.14"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="690.96"/>		<input type="text" value="2599.32"/>		<input type="text" value="3290.28"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID : H4.36964		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of the Treasury					
City Kansas City	State MO	Zip Code 64999			
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date 485591.93	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
263.28			990.43		1253.71

B. Full Name (Last, First, Middle Initial) Illinois Department of Revenue		Transaction ID : H4.36965		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Revenue					
City Springfield	State IL	Zip Code 62704			
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date 485795.80	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
42.81			161.06		203.87

C. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.36955		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Lockbox 577					
City Carol Stream	State IL	Zip Code 60132-0577			
Purpose of Disbursement: Shipping				Allocated Activity or Event Year-To-Date 485826.30	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
6.40			24.10		30.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
312.49		1175.59		1488.08

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Perkins Coie		Transaction ID : H4.36958		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 607 Fourteenth Street N.W.					
City Washington	State DC	Zip Code 20005			
Purpose of Disbursement: Legal				Allocated Activity or Event Year-To-Date 487706.96	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.94			1485.72		1880.66

B. Full Name (Last, First, Middle Initial) Quill Corporation		Transaction ID : H4.36959		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 37600					
City Philadelphia	State PA	Zip Code 19101			
Purpose of Disbursement: Office supplies				Allocated Activity or Event Year-To-Date 488175.10	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.31			369.83		468.14

C. Full Name (Last, First, Middle Initial) AT & T-P.O. Box 5014 Carol Stream		Transaction ID : H4.36960		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 5014					
City Carol Stream	State IL	Zip Code 60197			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 488455.72	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.93			221.69		280.62

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
552.18		2077.24		2629.42

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) AT & T-P.O. Box 5080			Transaction ID : H4.36961			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 5080						Allocated Activity or Event Year-To-Date 489349.03		
City Carol Stream		State IL		Zip Code 60197		Date 12 / 17 / 2014		
Purpose of Disbursement: Telephone				Category/ Type		Allocated Activity or Event Year-To-Date 489349.03		
Activity or Event Identifier: Administrative						Date 12 / 17 / 2014		
FEDERAL SHARE			+			NONFEDERAL SHARE		
187.60						705.71		
			=			TOTAL AMOUNT		
						893.31		

B. Full Name (Last, First, Middle Initial) AT & T-P.O. Box 5014 Carol Stream			Transaction ID : H4.36962			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 5014						Allocated Activity or Event Year-To-Date 489394.03		
City Carol Stream		State IL		Zip Code 60197		Date 12 / 17 / 2014		
Purpose of Disbursement: Telephone				Category/ Type		Allocated Activity or Event Year-To-Date 489394.03		
Activity or Event Identifier: Administrative						Date 12 / 17 / 2014		
FEDERAL SHARE			+			NONFEDERAL SHARE		
9.45						35.55		
			=			TOTAL AMOUNT		
						45.00		

C. Full Name (Last, First, Middle Initial) Commonwealth Edison			Transaction ID : H4.36963			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 6111						Allocated Activity or Event Year-To-Date 489453.77		
City Carol Stream		State IL		Zip Code 60197		Date 12 / 17 / 2014		
Purpose of Disbursement: Utilities				Category/ Type		Allocated Activity or Event Year-To-Date 489453.77		
Activity or Event Identifier: Administrative						Date 12 / 17 / 2014		
FEDERAL SHARE			+			NONFEDERAL SHARE		
12.55						47.19		
			=			TOTAL AMOUNT		
						59.74		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.60		788.45		998.05

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 44 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) AIG		Transaction ID : H4.36968		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 22427 Network Place				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago	State IL	Zip Code 60673-1224		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance workmans comp		Category/ Type		Allocated Activity or Event Year-To-Date 492400.77	
Activity or Event Identifier: Administrative				Date <input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
618.87			2328.13		2947.00

B. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.36969		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Lockbox 577				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Carol Stream	State IL	Zip Code 60132-0577		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Shipping		Category/ Type		Allocated Activity or Event Year-To-Date 493186.24	
Activity or Event Identifier: Administrative				Date <input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
164.95			620.52		785.47

C. Full Name (Last, First, Middle Initial) Comcast Cable		Transaction ID : H4.36972		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 3001				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Southeastern	State PA	Zip Code 19398		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Internet		Category/ Type		Allocated Activity or Event Year-To-Date 493354.72	
Activity or Event Identifier: Administrative				Date <input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
35.38			133.10		168.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
819.20		3081.75		3900.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 45 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Kenny and Kenny, P.C.		Transaction ID : H4.36974		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1400 W. 47th Street					
City La Grange	State IL	Zip Code 60525			
Purpose of Disbursement: Bookkeeping				Allocated Activity or Event Year-To-Date 497052.22	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 22 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
776.48			2921.02		3697.50

B. Full Name (Last, First, Middle Initial) CWLP		Transaction ID : H4.36975		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 300 South Seventh Street					
City Springfield	State IL	Zip Code 62757			
Purpose of Disbursement: Utilities				Allocated Activity or Event Year-To-Date 497069.08	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3.54			13.32		16.86

C. Full Name (Last, First, Middle Initial) AT & T Teleconference Services		Transaction ID : H4.36979		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 5002					
City Carol Stream	State IL	Zip Code 60197			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 497263.79	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
40.89			153.82		194.71

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
820.91		3088.16		3909.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 46 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Burnham Center			Transaction ID : H4.36983			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 111 West Washington								
City Chicago	State IL	Zip Code 60602				Allocated Activity or Event Year-To-Date 499123.26		
Purpose of Disbursement: Rent						Date <input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
390.49						=		
			1468.98			TOTAL AMOUNT		
						1859.47		

B. Full Name (Last, First, Middle Initial) UPS			Transaction ID : H4.36984			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Lockbox 577								
City Carol Stream	State IL	Zip Code 60132-0577				Allocated Activity or Event Year-To-Date 499178.98		
Purpose of Disbursement: Shipping						Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
11.70						=		
			44.02			TOTAL AMOUNT		
						55.72		

C. Full Name (Last, First, Middle Initial) TTI National			Transaction ID : H4.36985			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 96003								
City Charlotte	State NC	Zip Code 28296-0003				Allocated Activity or Event Year-To-Date 499220.44		
Purpose of Disbursement: Telephone						Date <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
8.71						=		
			32.75			TOTAL AMOUNT		
						41.46		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
410.90		1545.75		1956.65

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 47 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) TTI National		Transaction ID : H4.36986		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 96003				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Charlotte	State NC	Zip Code 28296-0003		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 499239.41	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3.98			14.99		18.97

B. Full Name (Last, First, Middle Initial) Sarah Nelson		Transaction ID : H4.36988		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 655 W. Irving Park Road Apt. 5015				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago	State IL	Zip Code 60613		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on fea				Allocated Activity or Event Year-To-Date 500239.85	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
210.09			790.35		1000.44

C. Full Name (Last, First, Middle Initial) Emily Wurth		Transaction ID : H4.36989		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2267 Boysenberry Lane				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Springfield	State IL	Zip Code 62711		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on fea				Allocated Activity or Event Year-To-Date 500362.06	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
25.66			96.55		122.21

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
239.73		901.89		1141.62

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 48 OF 113

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID : H4.36993		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of the Treasury					
City Kansas City	State MO	Zip Code 64999			
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date 500761.82	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.95			315.81		399.76

B. Full Name (Last, First, Middle Initial) Illinois Department of Revenue		Transaction ID : H4.36994		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Revenue					
City Springfield	State IL	Zip Code 62704			
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date 500835.98	
Activity or Event Identifier: Administrative		Category/ Type		Date 12 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.57			58.59		74.16

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.52		374.40		473.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
13454.31		50613.87		64068.18

SCHEDULE H5 (FEC Form 3X)**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**PAGE 49 OF 113
FOR LINE 18b OF FORM 3XNAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOISNAME OF ACCOUNT
Democratic Party of IL Non Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
12 / 03 / 2014

TOTAL AMOUNT TRANSFERRED

375408.88

BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.37002

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

375408.88

NAME OF ACCOUNT
Democratic Party of IL Non Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
12 / 17 / 2014

TOTAL AMOUNT TRANSFERRED

84771.61

BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.37299

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV

70354.10

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity

14417.51

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID)

0.00

TOTAL This Period (GOTV).....

70354.10

TOTAL This Period (Generic Campaign Activity).....

389826.39

TOTAL This Period (Total Amount of Transfers Received).....

460180.49

SCHEDULE L (FEC Form 3X)**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL.37003

NAME OF COMMITTEE (In Full)		
DEMOCRATIC PARTY OF ILLINOIS		
NAME OF ACCOUNT		
Democratic Party of IL Non Federal		

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	10000.00	40000.00
(b) Unitemized	0.00	0.00
(c) Total	10000.00	40000.00
2. OTHER RECEIPTS	970828.88	1890678.88
3. TOTAL RECEIPTS (Add Lines 1c and 2)	980828.88	1930678.88
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0.00	0.00
(b) Voter ID	0.00	0.00
(c) GOTV	0.00	0.00
(d) Generic Campaign	460360.49	1408260.69
(e) Total	460360.49	1408260.69
5. OTHER DISBURSEMENTS	0.00	0.00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	460360.49	1408260.69
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	1949.80	0.00
8. RECEIPTS (from Line 3)	980828.88	1930678.88
9. SUBTOTAL (Add Lines 7 and 8)	982778.68	1930678.88
10. DISBURSEMENTS (From Line 6)	460360.49	1408260.69
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	522418.19	522418.19

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

 Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE 51 OF 113

 FOR LINE NUMBER:
 (check only one)

☒ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Bruce Sagan

Account : 18789

Mailing Address 415 E. North Water # 1505

 City
 Chicago

 State
 IL

 Zip Code
 60611

Name of Employer or Principal Place of Business

Herald Newspaper

Occupation Journalist

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SASL1A.37169

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

 Use separate schedule(s)
 for each category of the
 Aggregation Page

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 FOR LINE NUMBER:
 (check only one)

☐ 1a

☒ 2

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. 1528 Partners, LP

Account : 18789

Mailing Address 1541 N. Wells Street

 City State Zip Code
 Chicago IL 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37175

Amount of Each Receipt this Period

2525.00

Aggregate Year-to-Date

2525.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. 1541/53 Partners, LP

Account : 18789

Mailing Address 1541 N. Wells Street

 City State Zip Code
 Chicago IL 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37176

Amount of Each Receipt this Period

2250.00

Aggregate Year-to-Date

2250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. 1543/51 Partners, LP

Account : 18789

Mailing Address 1541 N. Wells Street

 City State Zip Code
 Chicago IL 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37178

Amount of Each Receipt this Period

2450.00

Aggregate Year-to-Date

2450.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Abbott House

Account : 18789

Mailing Address 405 Central Avenue

 City State Zip Code
 Highland Park IL 60035

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37180

Amount of Each Receipt this Period

3100.00

Aggregate Year-to-Date

3100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10325.00

10325.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDSUse separate schedule(s)
for each category of the
Aggregation Page

PAGE 53 OF 113

FOR LINE NUMBER:
(check only one)☐ 1a☒ 2

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Account : 18789

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2City State Zip Code
Abbott Park IL 60064

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 28 2014

Transaction ID : SASL2.37087

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. AFSCME Illinois council 31 PAC

Account : 18789

Mailing Address 615 South Second Street

City State Zip Code
Springfield IL 60605

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 03 2014

Transaction ID : SASL2.37182

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. AGL Resources

Account : 18789

Mailing Address P.O. Box 4569

City State Zip Code
Atlanta GA 30302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 28 2014

Transaction ID : SASL2.37088

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. AIG - SAP

Account : 18789

Mailing Address P.O. Box 9918

City State Zip Code
Amarillo TX 79105

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
11 01 2014

Transaction ID : SASL2.37732

Amount of Each Receipt this Period

6829.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22829.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Albany Care, Inc.

Account : 18789

Mailing Address 901 Maple

City

Evanston

State

IL

Zip Code

60202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2014

Transaction ID : SASL2.37090

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Alden Management Services, Inc.

Account : 18789

Mailing Address 4200 West Peterson

City

Chicago

State

IL

Zip Code

60646

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SASL2.37681

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Alfred G. Ronan, Ltd.

Account : 18789

Mailing Address 328 South Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SASL2.37046

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Alliance for Living, NFP

Account : 18789

Mailing Address 1 Northfield Plaza

City

Northfield

State

IL

Zip Code

60093

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2014

Transaction ID : SASL2.37695

Amount of Each Receipt this Period

1565.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12365.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Altria Client Services, Inc.

Account : 18789

Mailing Address 6601 West Broad Street

City Richmond State VA Zip Code 23230

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 12 2014

Transaction ID : SASL2.37244

Amount of Each Receipt this Period

7750.00

Aggregate Year-to-Date

7750.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Ameren Illinois

Account : 18789

Mailing Address P.O. Box 66892

City St. Louis State MO Zip Code 63166

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37682

Amount of Each Receipt this Period

1100.00

Aggregate Year-to-Date

1100.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Ameren Illinois PAC

Account : 18789

Mailing Address 200 W. Washington

City Springfield State IL Zip Code 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 14 2014

Transaction ID : SASL2.37261

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Anesi Ozmon Rodin Novak & Kohen, Ltd.

Account : 18789

Mailing Address 161 North Clark

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 12 2014

Transaction ID : SASL2.37245

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28850.00

28850.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. ASGK Public Strategies, LLC

Account : 18789

Mailing Address 730 N. Franklin Street

 City
 Chicago

 State
 IL

 Zip Code
 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SASL2.37711

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

3500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Association Venture Corporation

Account : 18789

Mailing Address 1151 East Warrenville Road

 City
 Naperville

 State
 IL

 Zip Code
 60563

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 19 / 2014

Transaction ID : SASL2.37696

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Astellas Pharma US, Inc.

Account : 18789

Mailing Address Three Parkway North

 City
 Deerfield

 State
 IL

 Zip Code
 60015

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : SASL2.37092

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. AT & T Illinois Employee PAC

Account : 18789

Mailing Address 225 West Randolph

 City
 Chcicago

 State
 IL

 Zip Code
 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SASL2.37247

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

24500.00

10000.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Beavers & Graham

Account : 18789

Mailing Address P.O. Box 320

 City
 Taylorville

 State
 IL

 Zip Code
 62568

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SASL2.37734

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Belmont Nursing Home, Inc.

Account : 18789

Mailing Address 1936 W. Belmont Avenue

 City
 Chicago

 State
 IL

 Zip Code
 60657

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SASL2.37249

Amount of Each Receipt this Period

1785.00

Aggregate Year-to-Date

1785.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Brent Hassert Consulting, LLC

Account : 18789

Mailing Address 24820 West Easy Street

 City
 Plainfield

 State
 IL

 Zip Code
 60586

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37270

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Bryn Mawr Care, Inc.

Account : 18789

Mailing Address 5547 North Kenmore

 City
 Chicago

 State
 IL

 Zip Code
 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : SASL2.37095

Amount of Each Receipt this Period

5065.00

Aggregate Year-to-Date

5065.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7650.00

7650.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Burke Wise & Morrissey, LLC

Account : 18789

Mailing Address 161 North Clark Street

 City State Zip Code
 Chicago IL 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 19 2014

Transaction ID : SASL2.37698

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Capitol F. Consulting, LLC

Account : 18789

Mailing Address 980 N. Michigan Avenue

 City State Zip Code
 Chicago IL 60611

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37273

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Capitol F. Consulting, LLC

Account : 18789

Mailing Address 980 N. Michigan Avenue

 City State Zip Code
 Chicago IL 60611

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37667

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Capitol F. Consulting, LLC

Account : 18789

Mailing Address 980 N. Michigan Avenue

 City State Zip Code
 Chicago IL 60611

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37675

Amount of Each Receipt this Period

-500.00

Aggregate Year-to-Date

-500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10500.00

10500.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Chicago Land Operators Joint Labor-Management PAC

Account : 18789

Mailing Address 6200 Joliet Road

 City State Zip Code
 Countryside IL 60525

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : SASL2.37219

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Chicagoland Speedway, LLC

Account : 18789

Mailing Address 500 Speedway Blvd.

 City State Zip Code
 Joliet IL 60433

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37196

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Citizens for Al Riley

Account : 18789

Mailing Address P.O. Box 282

 City State Zip Code
 Olympia Fields IL 60461

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SASL2.37707

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Citizens for Cassidy

Account : 18789

Mailing Address 5539 N. Broadway

 City State Zip Code
 Chicago IL 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37145

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

3500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17000.00

17000.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Citizens for Elizabeth Hernandez

Account : 18789

 Mailing Address 2137 S. Lombard Avenue
 Suite 204

City Cicero State IL Zip Code 60804

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37012

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Citizens for Esther Golar

Account : 18789

Mailing Address P.O. Box 1214

City Chicago State IL Zip Code 60690

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 29 2014

Transaction ID : SASL2.37728

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Citizens for James D. Brosnahan

Account : 18789

Mailing Address P.O. Box 718

City Oak Lawn State IL Zip Code 60453

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 26 2014

Transaction ID : SASL2.37066

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Citizens for James D. Brosnahan

Account : 18789

Mailing Address P.O. Box 718

City Oak Lawn State IL Zip Code 60453

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37272

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Citizens for James D. Brosnahan

Account : 18789

Mailing Address P.O. Box 718

 City State Zip Code
 Oak Lawn IL 60453

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37666

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Citizens for James D. Brosnahan

Account : 18789

Mailing Address P.O. Box 718

 City State Zip Code
 Oak Lawn IL 60453

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37674

Amount of Each Receipt this Period

-500.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Citizens for Lou Lang

Account : 18789

Mailing Address P.O. Box 1815

 City State Zip Code
 Skokie IL 60076

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37163

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Citizens for Sara Feigenholtz

Account : 18789

Mailing Address 3213 N. Wilton Avenue Unit A

 City State Zip Code
 Chicago IL 60657

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : SASL2.37712

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

20000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20000.00

20000.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Citizens to Elect LaShawn Ford

Account : 18789

Mailing Address 5104 W. Chicago Avenue

 City State Zip Code
 Chicago IL 60651

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37151

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Clayton Residential Home, Inc.

Account : 18789

Mailing Address 2026 North Clark Street

 City State Zip Code
 Chicago IL 60614

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37101

Amount of Each Receipt this Period

6877.20

Aggregate Year-to-Date

6877.20

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Clifford Law Offices

Account : 18789

Mailing Address 120 N. LaSalle, Fl 31

 City State Zip Code
 Chicago IL 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37105

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Cogan & Power, P.C.

Account : 18789

 Mailing Address 1 East Wacker Drive
 Suite 510

 City State Zip Code
 Chicago IL 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37683

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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31877.20

31877.20

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Committee for Rentention of Judges in Cook County

Account : 18789

Mailing Address 6009 W. Irving Park

City State Zip Code
Chicago IL 60634

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : SASL2.37684

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Committee to Elect Jay C. Hoffman

Account : 18789

Mailing Address P.O. Box 134

City State Zip Code
Collinsville IL 62234

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2014

Transaction ID : SASL2.37723

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Continental Airlines

Account : 18789

Mailing Address 1600 Smith Street

City State Zip Code
Houston TX 77002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 14 2014

Transaction ID : SASL2.37263

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Corboy & Demetrio, P.C.

Account : 18789

Mailing Address 33 North Dearborn

City State Zip Code
Chicago IL 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 28 2014

Transaction ID : SASL2.37106

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

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20650.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Cullen Haskins Nicholson & Menchetti, PC

Account : 18789

Mailing Address 10 s. LaSalle Street

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37198

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Daley and George, Ltd.

Account : 18789

Mailing Address 20 S. Clark Street
Suite 400

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37685

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Decatur Manor Healthcare, LLC

Account : 18789

Mailing Address 1016 W. Pershing

City Decatur State IL Zip Code 62526

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37107

Amount of Each Receipt this Period

4220.00

Aggregate Year-to-Date

4220.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Democratic Party of Christian County

Account : 18789

Mailing Address 201 W. Main Cross

City Taylorville State IL Zip Code 62568

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 01 2014

Transaction ID : SASL2.37735

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11720.00

11720.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Education Management, LLC

Account : 18789

Mailing Address 210 Sixth Avenue

 City
 Pittsburg

 State
 PA

 Zip Code
 15222

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SASL2.37149

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Elm Creek Property Management

Account : 18789

Mailing Address 1000 Remington Blvd.

 City
 Bolingbrook

 State
 IL

 Zip Code
 60440

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SASL2.37202

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. EMS Midwest, LLC

Account : 18789

Mailing Address 1401 Williams Boulevard

 City
 Springfield

 State
 IL

 Zip Code
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37006

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)

Account : 18789

 Mailing Address 101 CONSTITUTION AVENUE NW
 SUITE 400 EAST

 City
 WASHINGTON

 State
 DC

 Zip Code
 20001

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37275

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13000.00

13000.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Exelon Generation Company

Account : 18789

Mailing Address 100 Constellation Way

City

Baltimore

State

MD

Zip Code

21202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37668

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Exelon Generation Company

Account : 18789

Mailing Address 100 Constellation Way

City

Baltimore

State

MD

Zip Code

21202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37676

Amount of Each Receipt this Period

-10000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Field of Dreams Enterprises, LLC

Account : 18789

Mailing Address 350 N. Clark Street

City

Chicago

State

IL

Zip Code

60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37008

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Finishing Trades of Chicago Corp PAC

Account : 18789

Mailing Address 8700 W. Bryn Mawr Avenue

City

Chicago

State

IL

Zip Code

60631

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SASL2.37713

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

12000.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Fletcher, O'Brien, Kasper & Nottage, PC

Account : 18789

Mailing Address 222 North LaSalle

 City
 Chicago

 State
 IL

 Zip Code
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37276

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Fletcher, O'Brien, Kasper & Nottage, PC

Account : 18789

Mailing Address 222 North LaSalle

 City
 Chicago

 State
 IL

 Zip Code
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37670

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Fletcher, O'Brien, Kasper & Nottage, PC

Account : 18789

Mailing Address 222 North LaSalle

 City
 Chicago

 State
 IL

 Zip Code
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37677

Amount of Each Receipt this Period

-2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Foresight Energy Services

Account : 18789

Mailing Address 211 N. Broadway

 City
 St. Louis

 State
 MO

 Zip Code
 63102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37010

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

10000.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends for State Rep.

Account : 18789

Mailing Address 66 East 24th Street

 City State Zip Code
 Chicago Heights IL 60411

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37147

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Arthur Turner

Account : 18789

Mailing Address 3849 W. Ogden Avenue

 City State Zip Code
 Chicago IL 60623

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : SASL2.37709

Amount of Each Receipt this Period

8000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Friends of Camille Lilly

Account : 18789

Mailing Address 7115 W. North Avenue

 City State Zip Code
 Oak Park IL 60302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 14 2014

Transaction ID : SASL2.37266

Amount of Each Receipt this Period

8000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Friends of Christian Mitchell

Account : 18789

Mailing Address P.O. Box 805167

 City State Zip Code
 Chicago IL 60680

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37033

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36000.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends of Elgie Sims

Account : 18789

Mailing Address 8142 A S. Pririe Park Place

City State Zip Code
Chicago IL 60619

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 24 2014

Transaction ID : SASL2.37719

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Fran Hurley

Account : 18789

Mailing Address 3215 W. 111th Street

City State Zip Code
Chicago IL 60655

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2014

Transaction ID : SASL2.37724

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Friends of John Bradley

Account : 18789

Mailing Address P.O. Drawer 488

City State Zip Code
Marion IL 62969

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 26 2014

Transaction ID : SASL2.37064

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Friends of Kelly Burke

Account : 18789

Mailing Address 9543 Central Park Avenue

City State Zip Code
Evergreen Park IL 60805

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 28 2014

Transaction ID : SASL2.37097

Amount of Each Receipt this Period

7000.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23500.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends of Rita Mayfield

Account : 18789

Mailing Address 649 S. Fulton Avenue

 City
 Waukegan

 State
 IL

 Zip Code
 60085

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SASL2.37740

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Robyn Gabel

Account : 18789

Mailing Address 905 Forest Avenue

 City
 Evanston

 State
 IL

 Zip Code
 60202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SASL2.37727

Amount of Each Receipt this Period

8500.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Gabriel Lopez and Associates

Account : 18789

Mailing Address 3108 West Irving Park Road

 City
 Chicago

 State
 IL

 Zip Code
 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37277

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Gabriel Lopez and Associates

Account : 18789

Mailing Address 3108 West Irving Park Road

 City
 Chicago

 State
 IL

 Zip Code
 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37671

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

0.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Gabriel Lopez and Associates

Account : 18789

Mailing Address 3108 West Irving Park Road

 City State Zip Code
 Chicago IL 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37678

Amount of Each Receipt this Period

-1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Account : 18789

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900
 City State Zip Code
 WASHINGTON DC 20004

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 12 2014

Transaction ID : SASL2.37252

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Goldberg Weisman & Cairo, Ltd.

Account : 18789

Mailing Address One E. Wacker Drive

 City State Zip Code
 Chicago IL 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : SASL2.37221

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Grain & Feed Legislative Council

Account : 18789

Mailing Address 3521 Hollis Drive

 City State Zip Code
 Springfield IL 62711

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37110

Amount of Each Receipt this Period

200.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11700.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Grasmere Place, LLC

Account : 18789

Mailing Address 4621 North Sheridan Road

 City State Zip Code
 Chicago IL 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37112

Amount of Each Receipt this Period

3750.00

Aggregate Year-to-Date

3750.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Grasmere Place, LLC

Account : 18789

Mailing Address 4621 North Sheridan Road

 City State Zip Code
 Chicago IL 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37114

Amount of Each Receipt this Period

6250.00

Aggregate Year-to-Date

6250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Greenwood Care, Inc.

Account : 18789

Mailing Address 1406 North Chicago Avenue

 City State Zip Code
 Evanston IL 60201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37115

Amount of Each Receipt this Period

4190.00

Aggregate Year-to-Date

4190.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Grisko, LLC

Account : 18789

Mailing Address 410 N. Michigan Avenue

 City State Zip Code
 Chicago IL 60611

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37279

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16690.00

16690.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Grisko, LLC

Account : 18789

Mailing Address 410 N. Michigan Avenue

 City State Zip Code
 Chicago IL 60611

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37672

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Grisko, LLC

Account : 18789

Mailing Address 410 N. Michigan Avenue

 City State Zip Code
 Chicago IL 60611

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37679

Amount of Each Receipt this Period

-2500.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. H.W. Lochner, Inc.

Account : 18789

Mailing Address 20 North Wacker Drive
Suite 1200
 City State Zip Code
 Chicago IL 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37686

Amount of Each Receipt this Period

1250.00

Aggregate Year-to-Date

1250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. HACIA, PAC

Account : 18789

Mailing Address 650 W. Lake Street

 City State Zip Code
 Chicago IL 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37687

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

3750.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Hawthorne Race Course, Inc.

Account : 18789

Mailing Address 3501 South Laramie Avenue

 City State Zip Code
 Cicero IL 60804

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 26 2014

Transaction ID : SASL2.37072

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. HBK Engineering, LLC

Account : 18789

Mailing Address 921 West Van Buren

 City State Zip Code
 Chicago IL 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37281

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. HBK Engineering, LLC

Account : 18789

Mailing Address 921 West Van Buren

 City State Zip Code
 Chicago IL 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37673

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. HBK Engineering, LLC

Account : 18789

Mailing Address 921 West Van Buren

 City State Zip Code
 Chicago IL 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37680

Amount of Each Receipt this Period

-500.00

Aggregate Year-to-Date

-500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

-500.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Health Care Council of IL PAC

Account : 18789

Mailing Address 1149 W. Edwards, Suite C

 City
 Springfield

 State
 IL

 Zip Code
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SASL2.37715

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Health Care Service Corporation Employees PAC

Account : 18789

Mailing Address 300 East Randolph

 City
 Chicago

 State
 IL

 Zip Code
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37283

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Heplerbroom, LLC

Account : 18789

Mailing Address 130 N. Main Street

 City
 Edwardsville

 State
 IL

 Zip Code
 62025

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37658

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Herbalife

Account : 18789

Mailing Address 990 West 490 Street

 City
 Torrance

 State
 CA

 Zip Code
 90502

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SASL2.37264

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

22000.00

1000.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Human Rights Campaign

Account : 18789

Mailing Address 1640 Rhode Island Avenue NW

City
WashingtonState
DCZip Code
20036

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SASL2.37736

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Iberdrola Renewables, Inc.

Account : 18789

Mailing Address 1125 NW Couch

City
PortlandState
ORZip Code
97209

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SASL2.37223

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. IBEW Local 134 PAC

Account : 18789

Mailing Address 600 W. Washington Boulevard

City
ChicagoState
ILZip Code
60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SASL2.37729

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. ICHP Pharmacy Action Fund

Account : 18789

Mailing Address 4430 Manchester Drive

City
RockfordState
ILZip Code
61109

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SASL2.37701

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23500.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Illinois Restaurant Association

Account : 18789

Mailing Address 33 West Monroe

 City State Zip Code
 Chicago IL 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SASL2.37703

Amount of Each Receipt this Period

5500.00

Aggregate Year-to-Date

5500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Illinois Restaurateurs PAC

Account : 18789

Mailing Address 33 W. Monroe Street

 City State Zip Code
 Chicago IL 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SASL2.37704

Amount of Each Receipt this Period

4800.00

Aggregate Year-to-Date

4800.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Illinois Surgical Assistant Association

Account : 18789

Mailing Address 9211 Waterfall Glen Boulevard

 City State Zip Code
 Darien IL 60561

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37019

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Illinois Transportation Trade Association PAC

Account : 18789

Mailing Address 3351 W. Addison Street

 City State Zip Code
 Chicago IL 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37688

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20550.00

20550.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Illinois Pipe Trades PAC

Account : 18789

Mailing Address 534 S. 2nd Street

 City
 Springfield

 State
 IL

 Zip Code
 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SASL2.37255

Amount of Each Receipt this Period

2600.00

Aggregate Year-to-Date

2600.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Independent Finance PAC

Account : 18789

Mailing Address 4410 N. Ravenswood

 City
 Chicago

 State
 IL

 Zip Code
 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SASL2.37206

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Inland Real Estate Group, Inc.

Account : 18789

Mailing Address 2901 Butterfield Road

 City
 Oak Brook

 State
 IL

 Zip Code
 60523

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37021

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Intren

Account : 18789

Mailing Address 18202 West Union Road

 City
 Union

 State
 IL

 Zip Code
 60180

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SASL2.37225

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5250.00

1500.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Invenergy, LLC

Account : 18789

Mailing Address One S. Wacker Drive

 City
 Chicago

 State
 IL

 Zip Code
 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SASL2.37208

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Ironworkers Political Action League

Account : 18789

Mailing Address 1750 New York Avenue N.W.

 City
 Washington

 State
 DC

 Zip Code
 20006

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37285

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. John McCabe & Associates

Account : 18789

Mailing Address 7133 W. Higgins Avenue

 City
 Chicago

 State
 IL

 Zip Code
 60656

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37023

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. JTS Marketing and Consulting

Account : 18789

Mailing Address 7730 W. Belden Avenue

 City
 Elmwood Park

 State
 IL

 Zip Code
 60707

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37025

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16500.00

16500.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Katten Muchin & Zavis a Partnership

Account : 18789

Mailing Address 525 West Monroe Street

 City State Zip Code
 Chicago IL 60661-3693

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37121

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Kmac Consulting, LLC

Account : 18789

Mailing Address 14001 William Drive

 City State Zip Code
 Orland Park IL 60462

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : SASL2.37286

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Kournie Nicole Corp.

Account : 18789

 Mailing Address 6127 S. Woodlawn Avenue
 Apt. C

 City State Zip Code
 Chicago IL 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 01 2014

Transaction ID : SASL2.37737

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Kournie Nicole Corp.

Account : 18789

 Mailing Address 6127 S. Woodlawn Avenue
 Apt. C

 City State Zip Code
 Chicago IL 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 01 2014

Transaction ID : SASL2.37738

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

4500.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Kutak Rock LLP PAC

Account : 18789

Mailing Address 1650 Farnam Street

City
OmahaState
NEZip Code
68102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SASL2.37689

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Kutches

Account : 18789

Mailing Address 2601 N. 21 Road

City
MarseillesState
ILZip Code
61341

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37288

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Kwas Consulting Service, Inc.

Account : 18789

Mailing Address 9 W. Logan Street

City
LemontState
ILZip Code
60439

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SASL2.37161

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Laird M. Ozmon, Ltd.

Account : 18789

Mailing Address 54 North Ottawa Street

City
JolietState
ILZip Code
26099

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SASL2.37257

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6650.00

0.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Lake Park Center

Account : 18789

Mailing Address 919 Washington Park

City
WaukeganState
ILZip Code
60085

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : SASL2.37122

Amount of Each Receipt this Period

6060.00

Aggregate Year-to-Date

6060.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Law offices of John B. Kralovec & Associates, Ltd.

Account : 18789

Mailing Address 60 West Randolph Street
4th FloorCity
ChicagoState
ILZip Code
60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SASL2.37690

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Levin & Perconti

Account : 18789

Mailing Address 325 North LaSalle

City
ChicagoState
ILZip Code
60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : SASL2.37076

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Lifescan Laboratory, Inc.

Account : 18789

Mailing Address 5255 W. Golf Road

City
SkokieState
ILZip Code
60077

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SASL2.37716

Amount of Each Receipt this Period

1590.00

Aggregate Year-to-Date

1590.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27650.00

27650.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Lindblad Construction

Account : 18789

Mailing Address 717 East Cass Street

City

Joliet

State

IL

Zip Code

60434

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SASL2.37290

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Lydia Healthcare 1, LLC

Account : 18789

Mailing Address 13901 S. Lydia Avenue

City

Robbins

State

IL

Zip Code

60472

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SASL2.37227

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. MAGELLAN HEALTH SERVICES, INC. EMPLOYEE COMMITTEE FOR GOOD GOVERNMENT

Account : 18789

Mailing Address 6950 Columbia Gateway

City

Columbia

State

MD

Zip Code

21046

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SASL2.37164

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Manning Consulting Group

Account : 18789

Mailing Address 4705 Pelican Nest

City

Springfield

State

IL

Zip Code

62707

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SASL2.37705

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

12000.00

SCHEDULE L-A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Maragos & Maragos, Ltd.

Account : 18789

Mailing Address 1 North LaSalle

 City
 Chicago

 State
 IL

 Zip Code
 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37027

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. McNabola Law Group, PC

Account : 18789

Mailing Address 55 West Wacker Drive

 City
 Chicago

 State
 IL

 Zip Code
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SASL2.37210

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Medical Alliance Insurance Company

Account : 18789

Mailing Address 1151 East Warrenville Road

 City
 Naperville

 State
 IL

 Zip Code
 60563

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 19 / 2014

Transaction ID : SASL2.37699

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Mehta Law Group

Account : 18789

Mailing Address 8 E. Randolph Street

 City
 Chicago

 State
 IL

 Zip Code
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SASL2.37031

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20450.00

20450.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Meijer, Inc.

Account : 18789

Mailing Address 2929 Walker Avenue

 City State Zip Code
 Grand Rapids MI 49544

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : SASL2.37229

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. MJS Associates, LLC

Account : 18789

Mailing Address P.O. Box 664

 City State Zip Code
 Springfield IL 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37165

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Motherway & Napleton

Account : 18789

Mailing Address 140 S. Dearborn

 City State Zip Code
 Chicago IL 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 26 2014

Transaction ID : SASL2.37079

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Murphy's Parking

Account : 18789

Mailing Address 3653 N. Sheffield Avenue

 City State Zip Code
 Chicago IL 60613

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SASL2.37706

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10650.00

10650.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDSUse separate schedule(s)
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(check only one)☐ 1a☒ 2

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. NASW PAC

Account : 18789

Mailing Address 404 South Well Street

City
ChicagoState
ILZip Code
60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SASL2.37037

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Nicolay & Dart, LLC

Account : 18789

Mailing Address 33 N. Dearborn

City
ChicagoState
ILZip Code
60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SASL2.37039

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Operating Engineers International PEC

Account : 18789

Mailing Address 1125 17th Street NW

City
WashingtonState
DCZip Code
20036

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SASL2.37661

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Operating Engineers Local 399 Political Education Fund

Account : 18789

Mailing Address 2260 South Grtove Street

City
ChicagoState
ILZip Code
60616

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SASL2.37231

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20800.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Operating Engineers Local 399 Political Education Fund

Account : 18789

Mailing Address 2260 South Grtove Street

 City State Zip Code
 Chicago IL 60616

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : SASL2.37660

Amount of Each Receipt this Period

-10000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Operating Engineers Local 649 PAC

Account : 18789

Mailing Address 6408 W. Plank Road

 City State Zip Code
 Peoria IL 61604

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : SASL2.37726

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Painters District Council 14

Account : 18789

Mailing Address 1456 W. Adams

 City State Zip Code
 Chicago IL 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37167

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Painters District Council 14

Account : 18789

Mailing Address 1456 W. Adams

 City State Zip Code
 Chicago IL 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37663

Amount of Each Receipt this Period

-300.00

Aggregate Year-to-Date

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

0.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Painters District Council No. 30

Account : 18789

Mailing Address 1905 Sequoia Drive

City Aurora State IL Zip Code 60506

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 01 2014

Transaction ID : SASL2.37664

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Pavalon & Gifford

Account : 18789

Mailing Address 2 North LaSalle Street

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 08 2014

Transaction ID : SASL2.37232

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. PCI Political Account

Account : 18789

Mailing Address 8700 W. Bryn Mawr

City Chicago State IL Zip Code 60631

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37041

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. PLS Financial Services

Account : 18789

 Mailing Address One South Wacker Drive
 36th Floor

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37691

Amount of Each Receipt this Period

7500.00

Aggregate Year-to-Date

7500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18800.00

18800.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Policemens Benevolent & Protective Assn PAC

Account : 18789

Mailing Address 435 West Washington

City
SpringfieldState
ILZip Code
62702

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SASL2.37234

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. PRAIRIE POLITICAL ACTION COMMITTEE

Account : 18789

Mailing Address P.O. Box 2002

City
SpringfieldState
ILZip Code
62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SASL2.37243

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Preckwinkle for President

Account : 18789

Mailing Address 1516 E. 53rd

City
ChicagoState
ILZip Code
60615

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SASL2.37741

Amount of Each Receipt this Period

9000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Prime Care LTC

Account : 18789

Mailing Address 420 Country Club Drive

City
BensenvilleState
ILZip Code
60106

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SASL2.37717

Amount of Each Receipt this Period

1590.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23590.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Racing Associations of Illinois

Account : 18789

Mailing Address 26435 South Dixie Highway

 City State Zip Code
 Crete IL 60417

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 26 2014

Transaction ID : SASL2.37081

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Rainbow Beach Nursing Center

Account : 18789

Mailing Address 7325 S. Exchange

 City State Zip Code
 Chicago IL 60649

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37125

Amount of Each Receipt this Period

6252.00

Aggregate Year-to-Date

6252.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Ramanucci & Blandin

Account : 18789

Mailing Address 321 N. Clark Street

 City State Zip Code
 Chicago IL 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37127

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Raucci & Sullivan Strategies

Account : 18789

Mailing Address 3000 N. Sheridan Road

 City State Zip Code
 Chicago IL 60657

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37045

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21252.00

21252.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Robert S. Molaro & Assoc.

Account : 18789

Mailing Address 6808 W. Archer Avenue

 City State Zip Code
 Chicago IL 60638

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37035

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Robert S. Molaro & Assoc.

Account : 18789

Mailing Address 6808 W. Archer Avenue

 City State Zip Code
 Chicago IL 60638

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 26 2014

Transaction ID : SASL2.37078

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

800.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Rubin & Norris, LLC

Account : 18789

Mailing Address 205 W. Wacker Drive

 City State Zip Code
 Chicago IL 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37129

Amount of Each Receipt this Period

1450.00

Aggregate Year-to-Date

1450.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. S.I.R. Management, Inc.

Account : 18789

Mailing Address 6840 N. Lincoln Avenue

 City State Zip Code
 Lincolnwood IL 60712

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37048

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7250.00

7250.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Simmons Hanly Conroy

Account : 18789

Mailing Address One Court Street

 City State Zip Code
 Alton IL 62002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 03 2014

Transaction ID : SASL2.37214

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Skokie Meadows Nsg.

Account : 18789

Mailing Address 4600 Golf Road

 City State Zip Code
 Skokie IL 60076

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : SASL2.37236

Amount of Each Receipt this Period

3280.00

Aggregate Year-to-Date

3280.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Sprinkler Fitters Local 281

Account : 18789

Mailing Address 11900 South Laramie

 City State Zip Code
 Alsip IL 60803

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 28 2014

Transaction ID : SASL2.37133

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. SRL Consulting, Inc.

Account : 18789

Mailing Address 413 West Edwards

 City State Zip Code
 Springfield IL 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37052

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15580.00

15580.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Stagehands Union Local no. 2

Account : 18789

Mailing Address 216 S. Jefferson

 City
 Chicago

 State
 IL

 Zip Code
 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : SASL2.37135

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Stand for Children Illinois PAC

Account : 18789

Mailing Address 850 W. Jackson Boulevard # 330

 City
 Chicago

 State
 IL

 Zip Code
 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SASL2.37216

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. State Street Public Affairs, LLC

Account : 18789

Mailing Address 100 S. Atkinson Road

 City
 Grayslake

 State
 IL

 Zip Code
 60030

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SASL2.37730

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Steve Davis Consulting, Inc.

Account : 18789

Mailing Address 316 N. Old Bethalto Road

 City
 Bethalto

 State
 IL

 Zip Code
 62010

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SASL2.37238

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16000.00

16000.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Stricklin & Associates

Account : 18789

Mailing Address 20 S. Clark Street

 City
 Chicago

 State
 IL

 Zip Code
 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SASL2.37173

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Supporters of Jack D. Franks

Account : 18789

Mailing Address P.O. Box 274

 City
 Woodstock

 State
 IL

 Zip Code
 60098

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SASL2.37700

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Tapella & Eberspacher, LLC

Account : 18789

Mailing Address P.O. Box 627

 City
 Mattoon

 State
 IL

 Zip Code
 61938

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : SASL2.37137

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Teamsters Volunteers in Politics

Account : 18789

Mailing Address 1645 West Jackson Boulevard

 City
 Chicago

 State
 IL

 Zip Code
 60612

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SASL2.37259

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18500.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Time-O-Matic

Account : 18789

Mailing Address 1015 Maple Street

City Danville State IL Zip Code 61832

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SASL2.37694

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Turner Group Company

Account : 18789

Mailing Address 2102 S. Avers Avenue

City Chicago State IL Zip Code 60623

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 25 2014

Transaction ID : SASL2.37054

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

C. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Account : 18789

Mailing Address 8000 EAST JEFFERSON

City DETROIT State MI Zip Code 48214

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : SASL2.37720

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

D. United Scrap Metal

Account : 18789

Mailing Address 1545 S. Cicero Avenue

City Cicero State IL Zip Code 60804

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 09 2014

Transaction ID : SASL2.37241

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15500.00

15500.00

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
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(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☒ 4d

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

A. DEMOCRATIC PARTY OF ILLINOIS

Mailing Address P.O. BOX 518

City State Zip Code
 SPRINGFIELD IL 62705

Purpose of Disbursement
 Levin transfer to federal account

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 12 03 2014

Transaction ID : SBSL4D.37653

Amount of Each Disbursement this Period

375408.88

Account : 18789

Full Name (Last, First, Middle Initial) / Full Organization Name

B. DEMOCRATIC PARTY OF ILLINOIS

Mailing Address P.O. BOX 518

City State Zip Code
 SPRINGFIELD IL 62705

Purpose of Disbursement
 Levin transfer to federal account

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 12 17 2014

Transaction ID : SBSL4D.37656

Amount of Each Disbursement this Period

84951.61

Account : 18789

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

460360.49

460360.49